



	4			
Date and Time Repor	t Received: 3 13 17 080 S	Name of Person F	Reporting:N	Nays
Call Back Phone No.:_	on file	Subdivision	North	mtn
Milepost Location:	195.85 Lanutown Rd	OT No. 22470		
False Activation (Syst	em activated when train is no	present.) CFR 49.2	34.107 🗆	<del></del>
Other( Light Out, Dan	naged Signal, Crossbuck Dama	ge(MOW, Other) C	FR 49.234.106	
	stem failed to activate) CFR 49			
Signal Manager Notifi	ed: Date ar	d Time	J	_
Law Enforcement Age	ency: Albemarle	CO		
Date and Time Notifie	ed Dispatc	her Name/Title/Bac	dge No.:	
	ack No:			
Computer Protection	Provided: YES PTB, Forr	n C or COB#: 40	995	
	ainer Notified:		nd Time:	_
Type of Failure: Broke	n Bond		(	
(Check One) Broke Wet T	n Rail Tack			
Equip	Insulation Failure ment Failure(Note type of Equ	uipment)		
	enance of Way Track Work (Explain)			
Corrective Action/Rep	air Made:			3
Was Crossing Disabled	l by Maintainer: No 🗌 Yes 🗹	<del></del>	\	
If Yes is checked above, confirm shunts and jumpers are removed:  Ves X  Date and Time of Repair: 3/13 / 18:52 RTC Closing Reports 7.				
Name of Person placin	g crossing back in service:	PII		





Date and Time	Report Received: 3 H 17/	2916 Name of Perso	on Reporting:	Mays
Call Back Phone No .: on file Subdivision North Mtn				<b>U</b>
Grade Crossing	ion: 195.85 Name: Lanetown F I by Caller: MOW	d DOT No. 224	704E	
False Activation	n (System activated when train	ls not present.) CFR 4	9.234.107	
Other( Light Ou	ut, Damaged Signal, Crossbuck I	Damage (MOW), Othe	r) CFR 49.234.1	06日
Activation Fallu	ure (System failed to activate) C	FR 49.234.105		
Signal Manager Notified: Date and Time				
	Notified Di Call Back No:	spatcher Name/Title/	Badge No.:	so do not call police.
Computer Prote	ection Provided: YES PTB	Form C or COB #:	1096	
Name of Signal Maintainer Notified: Date and Time:				
Type of Failure: (Check One)		ork 🗀		
	on/Repair Made:			
If Yes is checked Date and Time of	isabled by Maintainer: No Yed above, confirm shunts and jur of Repair: 3 14/ 55 RTC of placing crossing back in service	mpers are removed: Closing Report:	J+VesX	





## Grade Crossing Disable/Malfunction Report Form

Date and Time Report Received: 12 18 17 0836 Name of Person Reporting: May S				
Call Back Phone No .: On file Subdivision North Mth				
Call Back Phone No.: ON file Subdivision North Mtn  Milepost Location: 195.85  Grade Crossing Name: Lanetown Rd  Issue Reported by Caller: Mow				
False Activation (System activated when train is not present.) CFR 49.234.107 □				
Other (Light Out, Damaged Signal, Crossbuck Damage, MOW, Other) CFR 49.234.106				
Activation Failure (System failed to activate) CFR 49.234.105				
Signal Manager Notified: Date and Time/				
Law Enforcement Agency:  Date and Time Notified  Dispatcher Name/Title/Badge No.:  MOW Disabled, if so do not call police.				
Computer Protection Provided: YES TB, Form C or COB #: 4714				
Name of Signal Maintainer Notified: Date and Time:				
Type of Failure: Broken Bond (Check One) Broken Rail Wet Track Track Insulation Failure Equipment Failure(Note type of Equipment) Maintenance of Way Track Work Other (Explain)				
Corrective Action/Repair Made: +C3+Cd 0 K				
Was Crossing Disabled by Maintainer: No Yes If Yes is checked above, confirm shunts and jumpers are removed:  Yes				
Name of Person placing crossing back in service:  Pl				





## Grade Crossing Disable/Malfunction Report Form

Date and Time Report Received: 10 30 17/ 1025 Name of Person Reporting: Mays				
Call Back Phone No.: on Ale Subdivision North Mth				
Milepost Location: 195, 85 DOT No. 224704E  Grade Crossing Name: Lanetown Pd  Issue Reported by Caller: MOW				
False Activation (System activated when train is not present.) CFR 49.234.107 ☐  Other( Light Out, Damaged Signal, Crossbuck Damage, MOW, Other) CFR 49.234.106 ☐				
Activation Failure (System failed to activate) CFR 49.234.105  Signal Manager Notified:				
Law Enforcement Agency:  Date and Time Notified/ Dispatcher Name/Title/Badge No.:  Call Back No: MOW Disabled , if so do not call police.				
Computer Protection Provided: YES PTB, Form C or COB #: 470				
Name of Signal Maintainer Notified: Date and Time:				
Type of Failure: Broken Bond (Check One) Broken Rail Wet Track Track Insulation Failure Equipment Failure(Note type of Equipment) Maintenance of Way Track Work Other (Explain)				
Corrective Action/Repair Made: M W Com PLOTO				
Was Crossing Disabled by Maintainer: No Yes If Yes is checked above, confirm shunts and jumpers are removed:  Date and Time of Repair: 10/30/7/1/15:35 RTC Closing Report:  Name of Person placing crossing back in service:				